

YOUR  
**BENEFITS**  
YOUR  
**CHOICES**

Dodge County



BENEFIT GUIDE

**2019**



# BENEFITS ENROLLMENT CHECKLIST

This guide will help you get to know your benefits and your choices for the 2019 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

During initial enrollment you will have the option to enroll in these plans or waive coverage

Medical – HDHP/HSA Qualified Plan

Medical – LDHP

Dental Insurance Plan

Vision Insurance Plan

Voluntary Life

Flexible Spending Account

Long Term Disability

Deferred Compensation

Health Savings Account



## TABLE OF CONTENTS

Benefits Enrollment Checklist	2	Holidays, Sick Time, PEHP, Vacation	11-12
Medical Plans	3	EAP, Who to Contact	12-13
Medical Plan Highlights & Premium Contributions	4-5	Required Federal Notices	13-14
Pre-Tax Accounts	6	a. HIPAA Notice of Special Enrollment Rights	
Health Savings Account (HSA)	7	b. Women's Health & Cancer Rights Act of 1998	
Flexible Spending Accounts (FSA)	8	c. Premium Assistance Under Medicaid & the Children's Health Insurance Program (CHIP)	
Dental & Vision Plans	9-10		
Protection/Long Term Disability/Deferred Compensation	10-11		

\*\*Benefits offered to the Sheriff's Sworn Union Employees may differ from those listed in this booklet. Please refer to the current contract.

## MEDICAL PLANS

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Dodge County provides eligible employees the choice of two (2) medical plans administered by Dean Health Plan (Health Maintenance Organization (HMO)).

- The **High Deductible Health Plan** offers the lowest premiums, but you'll have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.
- The **Low Deductible Health Plan** has higher premiums as compared to the High Deductible Health Plan option. This plan includes a lower deductible and also includes copays for services such as ER visits and prescriptions.
- The County also offers a Preferred Provider Option (PPO) option for employees who live out of the Dean Health Plan Service Area under both the plans. There is an additional cost for the PPO option.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Dean Health Plan network. Find a participating health care provider in your area by going to: [www.deancare.com](http://www.deancare.com)

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Regular Part-Time Employees will have their insurance premium contributions pro-rated based on total hours paid the prior two (2) pay periods.

### WHO IS ELIGIBLE FOR BENEFITS

- All regular full-time and regular part-time employees hire for at least 20 hours per week (0.5 FTE)
- Clearview: All regular full-time and regular part-time employees hired for at least 15.5 hours per week (0.4 FTE)
- Your spouse.
- Your biological children, stepchildren, legally adopted children (effective from the date of adoption), and foster children up to age 26.

### WHEN DO BENEFITS START

- First of the month following 60 continuous days of employment.

Example: Start Date Jan. 26<sup>th</sup>  
Eligible: April 1<sup>st</sup>

Example: Start Date Feb. 1<sup>st</sup>  
Eligible: May 1<sup>st</sup>

### TERMS TO KNOW

**Annual Deductible:** The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

**Copay:** The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

**Annual Out of Pocket:** The most you'll have to pay out of your pocket in a calendar year for covered services.

**Coinsurance:** The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

## MEDICAL PLAN HIGHLIGHTS – MULTIPLE PLAN OPTION

General Plan Information		Dean HMO – Low Deductible \$500 / \$1,000			Dean HMO High Deductible/HSA - \$1,500 / \$3,000			
In Network					In Network			
Deductible	Single: \$500 Family: \$1,000				Single: \$1,500 Family: \$3,000			
Coinsurance	100%				100%			
Out-of-Pocket Maximum	Single: \$7,150 Family: \$14,300				Single: \$1,500 Family: \$3,000			
Dependent Eligibility	To Age 26 (End of Month)				To Age 26 (End of Month)			
Physician Services								
Telehealth	Deductible/Coinsurance				Deductible/Coinsurance			
Office Visits - Primary Care	Deductible/Coinsurance				Deductible/Coinsurance			
Office Visits - Specialty Care	Deductible/Coinsurance				Deductible/Coinsurance			
Preventive Care	Covered in Full				Covered in Full			
Diagnostic X-Ray & Lab	Deductible/Coinsurance				Deductible/Coinsurance			
Hospital Services								
Inpatient	Deductible/Coinsurance				Deductible/Coinsurance			
Outpatient	Deductible/Coinsurance				Deductible/Coinsurance			
Emergency and Urgent Care								
Emergency Room	\$60 copay				Deductible/Coinsurance			
Urgent Care/Walk-in Clinic	Deductible/Coinsurance				Deductible/Coinsurance			
Prescription Drugs								
Retail	Tier 1: \$5 copay Tier 2: 20% Coinsurance (max of \$75 per Rx fill) Tier 3: 40% Coinsurance (\$50 min, \$150 max per Rx fill)				Deductible/Coinsurance			
Monthly Premiums		Total Premium	Employer	Employee		Total Premium	Employer	Employee
	Single	\$681.01	\$578.87	\$102.14	Single	\$498.30	\$441.00	\$57.30
	Family	\$1,702.51	\$1,447.13	\$255.38	Family	\$1,245.74	\$1,102.48	\$143.26
Public Safety Monthly Premiums		Total Premium	Employer	Employee		Total Premium	Employer	Employee
	Single	\$681.01	\$609.51	\$71.50	Single	\$498.30	\$445.98	\$52.32
	Family	\$1,702.51	\$1,523.75	\$178.76	Family	\$1,245.74	\$1,114.94	\$130.80

# MEDICAL PLAN HIGHLIGHTS – PPO MULTIPLE PLAN OPTION

General Plan Information	Dean PPO – Low Deductible \$500 / \$1,000				Dean PPO High Deductible/HSA - \$1,500 / \$3,000			
	In Network		Out of Network		In Network		Out of Network	
Deductible	Single: \$500 Family: \$1,000		Single: \$1,000 Family: \$2,000		Single: \$1,500 Family: \$3,000		Single: \$3,000 Family: \$6,000	
Coinsurance	100%		80%		100%		80%	
Out-of-Pocket Maximum	Single: \$7,150 Family: \$14,300		Single: \$14,300 Family: \$28,600		Single: \$1,500 Family: \$3,000		Single: \$6,000 Family: \$12,000	
Dependent Eligibility	To Age 26 (End of Month)				To Age 26 (End of Month)			
Physician Services								
Telehealth	Deductible/Coinsurance				Deductible/Coinsurance			
Office Visits - Primary Care	Deductible/Coinsurance				Deductible/Coinsurance			
Office Visits - Specialty Care	Deductible/Coinsurance				Deductible/Coinsurance			
Preventive Care	Covered in Full				Covered in Full			
Diagnostic X-Ray & Lab	Deductible/Coinsurance				Deductible/Coinsurance			
Hospital Services								
Inpatient	Deductible/Coinsurance				Deductible/Coinsurance			
Outpatient	Deductible/Coinsurance				Deductible/Coinsurance			
Emergency and Urgent Care								
Emergency Room	\$60 copay				Deductible/Coinsurance			
Urgent Care/Walk-in Clinic	Deductible/Coinsurance				Deductible/Coinsurance			
Prescription Drugs								
Retail	Tier 1: \$5 copay Tier 2: 20% Coinsurance (max of \$75 per Rx fill) Tier 3: 40% Coinsurance (\$50 min, \$150 max per Rx fill)				Deductible/Coinsurance			
Monthly Premiums		Total Premium	Employer	Employee		Total Premium	Employer	Employee
	Single	\$932.12	\$578.88	\$353.24	Single	\$670.15	\$441.01	\$229.14
	Family	\$2,330.29	\$1,447.13	\$883.16	Family	\$1,675.37	\$1,102.49	\$572.88
Public Safety Monthly Premiums		Total Premium	Employer	Employee		Total Premium	Employer	Employee
	Single	\$932.12	\$609.52	\$322.60	Single	\$670.15	\$445.99	\$224.16
	Family	\$2,330.29	\$1,523.75	\$806.54	Family	\$1,675.37	\$1,114.95	\$560.42

## PRE-TAX OPTIONS

The premiums you pay monthly for your health insurance, dental insurance and basic life insurance will be taken out pre-tax unless you indicate you want them to be taken out after-tax.

### PRE-TAX ACCOUNTS

These accounts allow you to pay for your health and dependent care expenses tax free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

	High Deductible Health Plan	Low Deductible Health Plan
Health Savings Account	✓	
Health Care Flexible Spending Account		✓
Limited Care Flexible Spending Account	✓	✓
Dependent Care Spending Account	✓	✓

### HEALTH SAVINGS ACCOUNT (HSA)

Dodge County offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is the only investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, an HSA account can be established with Employee Benefits Corporation (EBC) or at a financial institution of your choosing.

### HOW THE HSA WORKS

<b>MONEY GOES IN</b>	<p>Pretax contributions* from you or your employer, up to a total of:</p> <ul style="list-style-type: none"> <li>○ \$3,450 for individual coverage</li> <li>○ \$6,900 if you enroll your spouse and/or child(ren).</li> <li>○ An extra \$1,000 if you are age 55 or older</li> </ul>
<b>MONEY GOES OUT</b>	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
<b>HAVE MONEY LEFT? IT ROLLS OVER!</b>	<p>Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave Dodge County, you can take it with you, the account is yours.</p>

\*If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

#### You Are Eligible To Open An HSA If...

- You are enrolled in the High Deductible Health Plan.
- You do not have other non-qualified group health coverage.
- Neither you nor your spouse is currently enrolled in Medicare or TRICARE
- You are not claimed as a dependent on another person's tax return.
- You have not received VA medical benefits at any time during the past three months

## HEALTH SAVINGS ACCOUNTS-COUNTY CONTRIBUTIONS

New Hires: Full-time Employees hired on or after January 1, 2019 will receive a per pay period HSA contribution amount starting on the first pay period after their enrollment in the High Deductible Health Plan and established Health Savings Account (HSA).

**Regular Full-time Per Pay Period Employer Contribution:** Single \$38.47 Family \$76.93

Example: Hire date January 2, 2019. Eligible for the health insurance: First of the month following 60 days of continuous employment (March 2) is April 1, 2019. Will start to receive HSA contributions on the April 5, 2019 Pay Date

Example: Hire date August 24, 2019. Eligible for the health insurance: First of the month following 60 days of continuous employment (October 22) is November 1, 2019. Will start to receive HSA contributions on the November 1, 2019 Pay Date

### Regular Part-Time Employees

Health Savings Account County Contributions: Part-time employees who are enrolled in the High Deductible Health Plan will receive a per pay period contribution amount based on the assigned Full Time Equivalent (FTE) as follows:

FTE	Per Pay Period Contribution	
	Single	Family
.4 (Clearview only)- .59	\$19.24	\$38.47
.6-.69	\$23.08	\$46.16
.7-.79	\$26.93	\$53.85
.8-.89	\$30.77	\$61.54
.9-.99	\$34.62	\$69.24

### Terminations

The County's HSA Contribution will discontinue on the employee's last pay check received by the County.

Example: Termination date February 15, 2019. Health Insurance terminates on February 28, 2019. Last employer contribution will be made on the March 8, 2019 Pay Date.

Example: Termination date April 2, 2019. Health Insurance terminates on April 30, 2019. Last employer contribution date will be made on the April 19, 2019 Pay Date.

Example: Termination date May 1, 2019. Health Insurance terminates on May 31, 2019. Last employer contribution will be made on the date May 17, 2019 pay date.



## FLEXIBLE SPENDING ACCOUNTS (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

Dodge County offers three types of FSAs administered by Employee Benefits Corporation.

### TRADITIONAL HEALTH CARE FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the Traditional Health Care FSA if you're enrolled in the High Deductible Health Plan option.

### LIMITED HEALTH CARE FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

### TRADITIONAL AND LIMITED FSA CONTRIBUTION LIMITS

Dodge County follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Traditional Health Care and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$2,700. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$2,700 cap.

### DEPENDENT CARE FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Single parents filing as Head of Household and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You can't contribute more than you or your spouse earned in income for the year. ***If you're enrolling mid-year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

## REMEMBER...

### Flexible Spending Account Grace Period Provision

Dodge County Medical Flexible Spending plans have a grace period provision that allow you to carryover all unused funds into the next year to be used within a specific date range. With the Grace Period feature, participants are allowed to incur claims from January 1, 2019 through March 15, 2020, and submit any claims for that date range up until April 30, 2020.

**Remember to submit all claims on time to avoid the "use it or lose it" rule.**



## DENTAL PLANS

Healthy teeth and gums are an important part of maintaining your overall health. That's why Dodge County offers a dental plan administered by Delta Dental of Wisconsin.

Part-time employees pay a pro-rated amount based on hours worked

Employees may change their enrollment in the dental insurance (i.e. single to family; family to single) if there is a qualifying event (i.e. marriage, divorce, adding or removing dependents). Notification of the enrollment change must be completed within 30 days of the change. Employees are required to contact Human Resources to complete the necessary change forms.

If the employee fails to enroll within the 30 days of employment, benefit eligibility or qualifying event the employee may enroll in the dental insurance provided they pay the full monthly premium cost for a one year period (12 months). There are no yearly open enrollments under the Dental Plan.



### WHO IS ELIGIBLE FOR BENEFITS

All regular full-time and regular part-time employees working at least 20 hours per week (0.5 FTE)

Clearview: All regular full-time regular and part-time employees working at least 15.5 hours per week (0.4 FTE)

Your spouse.

Your biological children, stepchildren, legally adopted children (effective from the date of adoption), and foster children up to age 26.

Employees must enroll at the time of initial offering. There are no open enrollment periods under the Dental plan.

### WHEN DO BENEFITS START

First of the month following 60 continuous days of employment.

Example: Start Date Jan. 26<sup>th</sup>  
Eligible: April 1<sup>st</sup>

Example: Start Date Feb. 1<sup>st</sup>  
Eligible: May 1<sup>st</sup>

### DENTAL PLAN HIGHLIGHTS

### Delta Dental PPO

### All Other Dentists

Calendar Year Deductible	Single: \$0	Family: \$0	Single: \$0	Family: \$0
Diagnostic & Preventative Care	Covered at 100%		Covered at 100%	
Basic Restorative Procedures Schedule A	Covered at 100%		Covered at 100%	
Basic Restorative Procedures Schedule B	Covered at 80%		Covered at 80%	
Major Restorative Procedures	Covered at 50%		Covered at 50%	
Orthodontia	Covered at 50%		Covered at 50%	
Orthodontic Lifetime Maximum	\$1,000 for dependent children up to age 19		\$1,000 for dependent children up to age 19	
Individual Calendar Year Maximum	\$1,000		\$1,000	

### DENTAL PREMIUM CONTRIBUTIONS

2019 Dental Insurance			
	Total Premium	Employer Paid (FT)	Employee Paid (FT)
Single	\$32.97	\$29.18	\$3.79
Family	\$99.46	\$88.02	\$11.44

## VISION PLAN

Dodge County has been given the opportunity to offer vision insurance through The Labor Association of Wisconsin, Inc. (LAW, Inc.). The insurance is through National Vision Administrators, LLC. This is a voluntary, 100% employee paid benefit and is available to ALL Dodge County employees regardless of benefit status.

If you are interested in participating please go to the LAW, Inc. website (<http://www.law-inc-wi.com/vision-2>), and click on the vision insurance link for detailed information on the benefits, premium, and instructions on how to enroll in the plan.

### Enrollment Information:

The open enrollment period each year is from November 1 through December 31 for an effective date of January 1, the following year. The enrollment form must be received by LAW no later than December 31 of each year.

Enrollment forms can be sent to:

Labor Association of Wisconsin, Inc  
11430 E Bluemound Road, Ste 104  
Wauwatosa, WI 53226

## PROTECTION

### WISCONSIN RETIREMENT SYSTEM (WRS)

All employees meeting eligibility requirements become a participant of the Wisconsin Retirement Fund. The County pays a percentage of salary contribution to the fund and the employee pays the same percentage as the employer to the contribution. These amounts may vary depending on the employment category and are established annually by WRS.

### LIFE INSURANCE

New employees are eligible for Life Insurance the first day of the month following 30 days from date of hire. The employee may elect to purchase up to five (5) units of insurance: basic, additional (1, 2, 3), and supplemental life insurance on their own life. Each unit of insurance is equal to Wisconsin Retirement System earnings estimated for a full calendar year based on projected earnings at date of hire. An employee may purchase optional coverage for their spouse and dependents. The County makes a contribution toward the cost of basic life insurance and all other life insurance is paid by the employee.

### Coverage Options

**Basic Plan** provides coverage equal to your earnings for the previous year, rounded up to the next \$1,000.

**Supplemental Plan** provides coverage equal to your earnings for the previous year, rounded up to the next \$1,000.

**Additional Plan** provides up to three units of coverage. Each unit of coverage equals your earnings for the previous year, rounded up to the next \$1,000. You may choose 1, 2, or 3 units of Additional coverage.

### Coverage Options (cont.)

**Spouse & Dependent Coverage** provides coverage for your spouse and all dependent(s). If you elect one unit of coverage, your spouse will have \$10,000 in coverage and each dependent (regardless of number) will have \$5,000 in coverage. If you elect two units, your spouse will have \$20,000 in coverage and each depend will have \$10,000 in coverage.

For a full listing of rates, please see Human Resources.

## LONG TERM DISABILITY (LTD)

Employees who are benefit eligible are allowed to enroll in a voluntary long-term disability plan and pay their premiums through payroll deductions. This is a 100% employee paid benefit.

There are two waiting period options to choose from: 90 days or 180 days due to sickness or injury, this benefit will provide up to 60% of your monthly earnings to a maximum of \$10,000. If you are permanently disabled, you will receive this benefit up to your Social Security Normal Retirement Age (SSNRA).

**NOTE:** *Earnings for LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.*

## Deferred Compensation

Employees may voluntarily participate in either of two deferred compensation programs with the monies contributed to be withdrawn at retirement or upon leaving employment with the County. The amount deducted each pay period is not subject to federal or state taxes; however, it is subject to FICA tax. The employee will be taxed at the time of withdrawal with respect to income level at that time.

## HOLIDAYS

- New Year's Day
- Spring Holiday (Friday before Easter)
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

\*Clearview employees may be eligible for a floating holiday instead of the day after Thanksgiving.

## SICK TIME

Eight (8) hours of sick leave are earned each month and are accrued on the 15th of each month. Sick leave may not be used until the orientation period (6 months) has been completed. Part-time employees earn sick leave on a pro-rated basis based on hours worked. Sick leave may not be used until the orientation period equal to six (6) months of full-time hours has been completed.

## POST EMPLOYMENT HEALTH PLAN (PEHP)

Currently, Dodge County is converting unused sick leave balances of up to 120 days at retirement \*\* to a Post-Employment Health Plan. Hours are converted at 80% value and retirees are allowed to use that money to pay for post-employment insurance premiums. \*\* (Retirement is defined by Wisconsin Employee Trust Funds).

## VACATION

Newly hired full-time employees are entitled to two (2) weeks of vacation after having completed six (6) months of employment. This vacation time must be taken within the six (6) month period prior to their first anniversary date.

Regular full-time Employees earn paid vacations based upon their anniversary date of employment according to the following schedule:

After one (1) year of employment - two (2) weeks of vacation

After seven (7) years of employment - three (3) weeks of vacation

Beginning with the fourteenth (14th) anniversary date of employment employees earn one (1) additional day of vacation for each additional year of employment up to a maximum of five (5) weeks of vacation after twenty-three (23) years of employment.

If termination occurs prior to one (1) year of employment, the employee must repay the County for any vacation taken within the first year and is not eligible for vacation accrued in the first year which would have been available to the employee on his/her first anniversary date.

\*\*Please see Sworn union contract for vacation schedule.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

An Employee Assistance Program is available to Dodge County employees and their families. Assistance includes help with marital problems, financial difficulties, emotional disorders, alcohol or other drug related problems, poor physical health or other personal concerns. Additional information is available from the EAP provider selected by the County. The EAP provider will offer confidential direct services or arrange for assistance from another provider.

## WHO TO CONTACT

Coverage	Carrier	Contact Information
<b>Medical</b>	Dean Health Plan	(800) 826-9781 <a href="http://www.deancare.com">www.deancare.com</a>
<b>Flexible Spending Accounts &amp; Health Savings Accounts</b>	Employee Benefits Corporation EBC	(800) 346-2126 <a href="http://www.ebcflex.com">www.ebcflex.com</a>
<b>Dental</b>	Delta Dental	(800) 236-3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
<b>Wisconsin Retirement System (WRS)</b>	Employee Trust Funds (ETF)	(877) 533-5020 <a href="http://www.etf.wi.gov">www.etf.wi.gov</a>

<b>Life Insurance</b>	Securian	(866) 295-8690
<b>Vision Insurance</b>	The Labor Association of Wisconsin	Patrick Kelly <a href="mailto:pjkelly@law-inc-wi.com">pjkelly@law-inc-wi.com</a> <a href="http://www.law-inc-wi.com/vision-2/">http://www.law-inc-wi.com/vision-2/</a>
<b>Long-Term Disability Income Benefits</b>	National Insurance Services	(800) 627-3660
<b>Deferred Compensation</b>	Nationwide	(877) 496-1630
	North Shore Bank	(800) 236-4672
<b>Employee Assistance Program (EAP)</b>	Agnesian Work & Wellness	(800) 458-8183
<b>Dodge County Human Resources</b>	Leann Schultz, Insurance & Benefits Coordinator	(920) 386-3523
	Sandy Milfred, Recruitment & Benefits Assistant	(920) 386-3237
<b>Post Employment Health Plan (PEHP)</b>	Nationwide	(877) 496-1630

*This guide summarizes the key features of the Dodge County benefit plans. This guide is not a plan document or summary plan description for any benefit plan and it does not amend the plan documents or summary plan descriptions in any way. Please refer to the plan documents for exact terms and conditions of coverage. If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. Dodge County and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between Dodge County and any individual, or an obligation by Dodge County to maintain any particular benefit program, practice or policy or make any benefit payment.*

## REQUIRED FEDERAL NOTICES

### HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll

yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact: Dodge County Human Resources at 920-386-3690

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses (e.g., breast implant); and
- treatment for physical complications of the mastectomy, including lymphedema.

Contact your state's insurance department to find out about whether protections in addition to WHCRA will apply to your coverage if you are NOT in a self-insured health plan. Dodge County's health insurance is a fully insured plan.

The WHCRA requires group health plans and health insurance issuers, including insurance companies and health maintenance organizations (HMOs), to notify individuals regarding coverage required under the law. Notification is required at three separate times

1. After enactment of WHCRA
2. Upon enrollment
3. Annually

For further information about WHCRA or to ask questions about how it relates to your specific circumstances, you can e-mail us at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). Or you may call us at 1-877-267-2323, ext. 61565.

[http://www.cms.hhs.gov/healthinsreformforconsume/06\\_thewomen%27shealthandcancerrightsact.asp](http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen%27shealthandcancerrightsact.asp)

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1- 877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

You may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

**WISCONSIN – Medicaid:** Website: [dhs.wisconsin.gov/publications/p1/p10095.pdf](http://dhs.wisconsin.gov/publications/p1/p10095.pdf) Phone: 1-800-362-3002

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers of Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565